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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/943,664			ing Date 30/2001	☐ To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			UMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 = *			П	x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	ets of pap 250 (\$125 tional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN												
AMENDMENT	09/10/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 7	Minus	·· 20	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 1	Minus	3	= 0]	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*	Minus	**	=]	x \$ =		OR	x \$ =		
Σ	Independent (37 CFR 1.16(h))	*	Minus	***	=]	x \$ =		OR	x \$ =		
핕	Application Size Fee (37 CFR 1.16(s))					l			l			
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If *** The	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The Selection of Ingrangian is assumed to 3 CEPE II SH This information is previously a benefit to Notice or entered to obtain or each a benefit which is no file and by the INSPTO to											

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